

**The Paradox of Autonomy:  
Relating Winnicott with Counselling Experience.**

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**Abstract**

This paper explores the paradoxical nature of autonomy in a study of Winnicott's theories together with reflections on my experience of working with clients as a psychodynamic counsellor. Further discussion includes the writings of Carl Rogers, Christopher Bollas and Jessica Benjamin, with consideration of my countertransference in relation to my clients. My conclusions are that the autonomy of an individual can only be achieved when recognized by an other.

**Introduction**

In my counselling practice I have noticed that clients demonstrate a new strength when they are ready to end their therapy, a feeling that they are able to take charge of their lives. I decided to research the nature of this autonomy by exploring theory which might explain the beneficial effect of counselling therapy for those who have felt they have no such control. What follows is the result of my studies, each section using a different definition of autonomy and beginning with an appraisal of a Winnicott concept, with elaboration involving theories of Carl Rogers, Christopher Bollas and Jessica Benjamin, as well as neuroscientific hypotheses of Antonio Damasio. I relate these theoretical ideas to my work as a psychodynamic counsellor by focussing in particular on one client whom I call Martin, as a disguised representation of my

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psychodynamic work, and reflecting on my experience of working with someone for whom autonomy can seem a forlorn hope. The paradox that I discovered repeatedly is that the achievement of autonomy is dependent on recognition by another. All case material has been fully anonymised.

### **Towards Independence**

I begin with a definition of autonomy from *Chambers Dictionary* (2011): “independence from others”, which is how I once would have described my aim when working with clients. In considering Winnicott’s paper, “From Dependence towards Independence in the Development of the Individual” (1963a), I wanted to determine whether the emotional growth of a maturing individual accords with the achievement of autonomy by my clients. From the beginning of this paper, Winnicott maintains that: “Independence is never absolute .... The healthy individual ... and the environment can be said to be interdependent” (1963a, p.84). He stresses the connections between maturity, health and socialization, and between “personal spontaneity” and “responsibility for ... society” (pp.83-84). Already it appears that Chambers’ use of the word *from* should be replaced by *with*, which creates the paradox that autonomy could be defined as ‘independence *with* others’.

Winnicott divided the journey towards independence into three categories: “absolute dependence, relative dependence and towards independence” (1963, p.84). At the time of absolute dependence a baby is totally reliant on the mother’s temporary state of “primary maternal preoccupation”, when, if the mother is able to identify with its feelings, the baby has the experience of “going-on-being” (p.86). Winnicott’s observations are substantiated by more recent research. Margaret Wilkinson writes:

As a baby experiences consistently warm empathic exchanges with his mother, over time, patterns of expectation begin to build in the baby’s brain, being held brings a

sense of warmth and the beginnings of awareness of good feelings arising from intimate contact with another. (2006, p.39)

In her research, Sue Gerhardt also discovered that the response of a baby to a look of pleasure from the mother involves a combination of beta-endorphins and dopamine in helping neurons to grow. She concludes: "So ... we discover that the family's doting looks are triggering off the pleasurable biochemicals that actually help the social brain to grow" (2004, p.42).

The client represented throughout this paper, Martin, did not have the beneficial beginning described. His mother had wanted a girl and so he felt unloved from the start, and felt even more neglected when his sister was born. His father seems to have been absent, either physically or emotionally, and Martin was frequently sexually abused by a family member who should have been taking care of him. He demonstrated extreme distrust of most forms of authority, including the Mental Health Services, with whom he was a patient at the time he referred himself for counselling. He had never spoken to anyone else about the abuse, thinking he would not be believed.

There is obviously no absolute dependence in the counselling room, but I believe that the empathy of a counsellor for her client can be compared with a mother's attunement with her baby. In her second book, *Changing Minds in Therapy* (2010), Wilkinson describes attunement as: "... the mother mirroring the baby's affect in such a way that the baby is reassured and calmed" (2010, p. 46). She makes the connection:

In response to repeated experiences of the mother's attunement, the baby in turn develops a capacity for awareness and sensitivity to the other. Thus attunement and empathy are two sides of the same coin. It is the therapist's capacity for empathy ... that enables him or her to attune, that is to respond empathically to the patient. (Wilkinson, 2010)

Referring to research into mirror neurons, Wilkinson had come to the conclusion that "... understanding that others are like us ... develops as one represents the mental activities and processes of others by generating similar activities and processes in oneself" (2006, p.28). She considers that this provides a link between early mind development and the transference/countertransference processes in therapy. This is corroborated by neuroscientific theory: "... because we have established a prior connection between our own body states and their significance, we can subsequently attribute the same significance to the states of others that we come to simulate" (Damasio, 2006, p.22). Of course, none of my clients is absolutely dependent on me; but Martin aroused the most intense countertransference at our first meeting: I felt him to be so dependent on me that I must never fail him.

In my training, the Introductory Course on Counselling Skills, followed Carl Rogers' client-centred model, in which he encourages the counsellor to be genuine, so that the "... relationship can have reality..." (Rogers, 1967, p.33). Equally, Winnicott stresses this in the mother-baby relationship:

A special point needs to be made of this 'being herself' because one should separate out the person from the man or woman, mother or nurse, who is *acting* the part ... because of having learned how to care for infants from books or in a class. (Winnicott, 1963a, p.88)

Rogers promotes acceptance of the client, which he explains as: "... a warm regard for him as a person of unconditional self-worth" (1967, p.34), and empathy, because: "Acceptance does not mean much until it involves understanding" (p.34). It is almost as if the counsellor should be experiencing primary *therapeutic* preoccupation. This might also be advocated by Margaret Wilkinson who, when discussing attunement between the therapist and client, cites studies that conclude: "... it was the quality of the relationship, rather than the theoretical orientation,

that brought about a successful therapeutic outcome” (2010, p.45). Although my qualification is a Diploma in Psychodynamic Counselling, my grounding in the client-centred model has had a lasting effect on the way I hope to be with a client, just as a mother would be with her absolutely dependent baby. This raises a paradox that, with acceptance, empathy and unconditional regard, I am acknowledging the independence of my client from my own judgement, values and opinions. Winnicott also mentions this: “But in terms of psychology we have to say that the infant is at one and the same time dependent and independent” (1963a, p.84).

At the stage of relative dependence Winnicott describes “...adaptation with a gradual failing of adaptation...” (1963a, p.87). The importance of this failure being gradual is in order for the baby to gain “intellectual understanding” (p.87) and to realize that he is dependent on someone who is not always there. This highlights the need for consistency in the mother. He writes: “When the mother is away for a moment beyond the time-span of his (or her) capacity to believe in her survival, anxiety appears....” (p.88) Similarly, I have found that breaks in counselling can cause anxiety. Breaks had to be managed very carefully with Martin, whose early experience was of uncertainty and neglect; he expected and feared unreliability so that any unplanned break due to illness could make him believe that I was never coming back. My supervisor was invaluable in helping to contain my own, countertransferential anxiety and to remind me of the relative, rather than absolute, dependence of my client.

The last heading in Winnicott’s paper is “Towards Independence”, underlining his view that independence is never absolute. He describes the increasing socialisation of the child and stresses the necessity for parents to maintain the boundaries in order to manage the explorations of their adolescent children. Similarly, the counsellor maintains the holding environment whilst acknowledging the progress made by the client. Martin was one whose journey towards independence frequently matched that of Winnicott’s adolescent. He spent years under the mental health services disputing decisions made on his behalf about

medication, types of therapy and whether he was ready for discharge. Eventually, his care coordinator decided on a date; and at his final appointment he was given an 'orange card' which meant he could have further access to the service, should he require it. For a while he made full use of it, self-harming in his (futile) attempts to be re-admitted. Meanwhile in our work together we built a stronger relationship, based on consistent boundaries and the reality of living outside the umbrella of the service, and he eventually began to enjoy the freedom to make autonomous decisions. This had been quite a setback however, as I found that a favourable comment from me about any progress he had made would cause him to worry that I too would end his counselling, and he would engineer a crisis in order to show how much he still needed me. The difficulty I found with my countertransference was that, feeling indispensable, I colluded with his feeling of dependence and wondered if he would ever be able to manage without a counsellor.

This very negative countertransference with Martin is in stark contrast to my experience of working with clients whose early memories have been of a loving mother, and for whom therapy became a reminder of that experience. A brief example is of a client, whom I shall name Rita, with whom I worked on a time-limited contract. She was an elderly woman referred by her GP for counselling because she seemed depressed. Although her husband had died fairly recently, it was talking about the death of her mother, when Rita was seven, that caused her to cry; also bringing tears to my eyes. Returning home after being evacuated during the war, she was told that her mother had died of a heart condition. Her father never discussed her death but cared for Rita and her siblings in as loving a manner as he could. I empathized with Rita's loss and, most of all, with her bewilderment when no one had acknowledged the awfulness of what had happened. She began to tell me her memories of a loving mother who was always there when she got home from school. They used to bake cakes together, her mother allowing her to do the mixing on her own but always there to help with the oven. As a teenager, Rita used to help her father in the kitchen, and he often commented that she would make someone a good wife. She went on to tell me how her husband had always been the boss in their

marriage and of her sons' disapproval of her recent friendship with the man next door. At one point I commented, "That's interesting," and her pleased response was, "Nobody's ever told me I'm interesting before." At the end of that first session, I did something that would have been frowned upon by my supervisor at that time; I complimented her on her pretty shoes. She admitted that she had always liked wearing high heels, but knew that she should really be wearing sensible shoes because of her bad knees. While our work throughout the next five weeks mainly involved an exploration of her relationships with her sons and with her neighbour, Rita's shoes became a metaphor for her progress. At the fifth session she announced that she was going to ask the shoe-mender whether he would be able to reduce the height of her heels so that she could continue wearing them. It turned out this was not possible and at her final session she appeared in a pair of sensible shoes. As she was finally leaving, she commented, "I've grown up, haven't I!"

There is no doubt that my response to Rita was real. I was genuinely upset as I empathized with her loss; I had mirrored her own distress, accepted her with unconditional regard and was sincere in finding her interesting. My admiration for her shoes was spontaneous but possibly prompted by their slight incongruity, which she herself admitted and finally accepted. By the end of the six weeks, Rita was feeling that she could distance herself somewhat from the interference of her sons and was demonstrating more freedom of thought. She had indeed grown up. In our therapeutic relationship, the consistency in our boundaries of time and place, as well as my own empathy and interest in her, had helped her to gain the strength to start taking more control of her own life. Rita, having experienced love and consistency from her mother, already had the intellectual understanding of relative dependence, and so was well on the stage "towards independence" after her six weeks of therapy. Martin's experience of unpredictability, however, left him wanting absolute dependence and fearing even relative dependence, not trusting anyone to return should they disappear.

These two very different examples demonstrate that there are stages of dependence during Winnicott's journey which rely on someone who can gradually fail in their adaptation to the individual; hence my suggestion of autonomy as 'independence *with* others'. This, however, still seems inadequate as a definition. Despite the mention of "personal spontaneity" and "responsibility to society" at the beginning, I have yet to investigate how these are relevant in the achievement of autonomy. A willingness to take control of one's life also seems to play a part. A new definition for autonomy is required, for which I turn to The Penguin Dictionary of Philosophy:

... a person's capacity for self-determination; the ability to see oneself as the author of a moral law by which one is bound. (Mautner, ed. 2000)

### **A Sense of Responsibility**

In health, which is almost synonymous with maturity ... the adult is able to attend to his or her personal needs without being antisocial, and indeed, without a failure to take some responsibility for the maintenance or for the modification of society as it is found. (Winnicott, 1963a, p.83)

The definition, "a person's capacity for self-determination" could be re-phrased in Winnicott's words above. For the developing baby, society takes the form of the mother figure, and it is the initial sense of responsibility towards her, as a separate being, that Winnicott called the "Capacity for concern" (1963b). He suggests the idea that the early experience of the baby is of having two, very different mothers. The 'object-mother' is attacked ruthlessly by her hungry baby, destroying her by eating her up; while the 'environment-mother' receives all the affection at the quiet times of gentle handling and care. Winnicott hypothesizes that: "... concern turns up in a baby's life as a highly sophisticated experience in the coming together in the infant's mind of the object-mother and the environment-mother" (1963b, p.76), but this can only occur

in the right circumstances. The object-mother must survive the destructive attacks, whilst "... the environment-mother has a special function, which is to continue to be herself, to be empathic towards her infant, to be there to receive the spontaneous gesture, and to be pleased" (p.76).

In an earlier paper, "Psychoanalysis and the sense of guilt" (1958a), Winnicott observes that the mother's ability to hold the baby has to develop into being able to hold the "infant-care situation" over a period of time, and to understand that the baby "has the natural impulse to give or to repair" (p.23). The mother's consistent ability to hold the situation allows the baby's anxiety to be modified into a sense of guilt, by accepting responsibility for his aggression; this, over time and with repeated opportunities for reparation, is further modified into concern. Already, at the age of a few months, the baby is taking responsibility for his actions; but as Winnicott says: "...in the developmental process, it was the opportunity to contribute that enabled concern to be within the child's capacity" (1963b, p.77). This offer of reparation will be repeated throughout life, as part of "... a constructive relation to society..." (p.78), but crucially, each time the individual needs someone to acknowledge the gesture. If there is no such acceptance, the sense of guilt is felt "as sadness or a depressed mood" (p.77).

Martin had no such opportunity to take responsibility for his aggression. His experience of his mother was of someone who had no patience with his destructive attacks, and no interest in accepting any offer of reparation. Jessica Benjamin, in her book, *Like Subject, Love Objects* (1995), concentrates on destruction and survival of the other by comparing intrapsychic and intersubjective theories:

Destruction makes possible the transition from relating (intrapsychic) ... to carrying on a relationship with an other who is objectively perceived as existing outside the self, an entity in her own right. That is, in the mental act of negating or obliterating the object ... we find out whether the real other survives. If she survives without retaliating or

withdrawing under the attack, then we know her to exist outside ourselves, not just as our mental product. (1995, p.39)

Retaliation by the other would be experienced, in Winnicott's terms, as a failure of the object-mother to survive; and so:

What cannot be worked through and dissolved with the outside other is transposed into a drama of internal objects, shifting from the domain of the intersubjective into the domain of the intrapsychic. (Benjamin, 1995, p.40)

The "drama of internal objects" is expressed by Ogden (1984) in the defences of the paranoid-schizoid mode: splitting and projection. Benjamin argues that internalization processes are not just defences, but are ever-present: "It is the loss of balance between the intrapsychic and the intersubjective, between fantasy and reality, that is the problem" (Benjamin, 1995, p.40).

In Martin's case, the loss of balance between fantasy and reality had resulted in a lifetime's search for replacement mothers: friends, social workers, therapists; splitting between them, idolizing one and disparaging the other. For a long time my transference role was as the idealized environment-mother, while the object-mother was played mostly by his social worker whom Martin derided angrily during our sessions. Then unpredictably, his own mother, the original object-mother, welcomed him back home, so surviving Martin's destructive assumption that he was not welcome and with the possibility of a real intersubjective relationship for at least a short while. The result of this was that Martin's perception of each of us was reversed: I was now seen as someone real, capable of having faults. This was an important moment because we were at last able to interpret his defensive splitting and, most usefully, Martin began to be able to attack me verbally in our sessions about an approaching break. My return (survival) after a couple of weeks was confirmation of my reality, despite the intrapsychic fantasies he might have been struggling with in my absence. Acknowledgement of this anxiety

helped Martin to take responsibility for his previous aggression, allowing him to feel guilty. After that there were repeated demonstrations of his guilty feelings following a session where he had been moody and aggressive, when he brought reparative offerings of 'homework', writing down his thoughts during the week. Acceptance of these gestures and working with what he had brought provided Martin with repeated opportunities for his guilt to be modified into concern.

Some time before this development, I had a discussion in supervision about my persistent countertransference, a feeling that I had to give answers to what was Martin was bringing. In the unreal situation of being the idolised environment-mother, I had found myself acting my role as counsellor rather than being empathic, imposing my theory of what was going on. Martin would agree compliantly with me, leaving us both frustrated and feeling that we were getting nowhere. Winnicott describes a similar situation, in which a mother of several children listens to her past experience rather than her present baby's protests:

... all the little signs that are supposed to produce what the mother does, all these things are missing, because the mother has already met the need.... In this way the mother ... does something worse than castrate the infant ... in the management of infants there is a very subtle distinction between the mother's understanding of her infant's need based on empathy, and her change over to an understanding based on something in the infant or small child that indicates need. (Winnicott, 1960b, p. 51)

This describes my problem with Martin perfectly, as I had been relying on theory and thinking I had heard all his stories before. In imposing my views I had not been allowing him to contribute anything towards understanding his problems. My attitude could be seen as an example of Christopher Bollas's concept of extractive introjection: the theft of "... an element of another individual's psychic life." (1987, p.158) Bollas gives an example: that of a parent's

angry reaction to a child's clumsiness, with the assumption that the child is not upset or sorry for what he has done:

It is this assumption and its expression that ... constitutes an extractive introjection ... [as the parent]...arrogates to himself alone the elements of shock, criticism and reparation. (1987, pp.158-159)

Just as his care co-ordinator had done, I had assumed that Martin was not able or even willing to make decisions himself, so stealing any opportunity for him to take responsibility for himself.

Even more damaging was Martin's experience of the unpredictability of the benefit system. He oscillated between a desire to work, mostly in a voluntary capacity, and a feeling of being overwhelmed by the expectations of his prospective employer. As a result, he relied on benefits for his livelihood and was very disturbed by something he had read in the Guardian, which he drew to my attention. When I read the piece online, I became very angry on his behalf. It was by Shiv Malik (2012a), reporting a proposed requirement for long-term sick and disabled people to do unpaid work for an unlimited period, or to risk losing their benefits. The article had been written following meetings between disabilities groups and Department of Work and Pension officials who were outlining legal changes to clause 54 of the welfare reform bill to be discussed by Parliament. (Malik, 2012b) The reason given for this threat of a financial penalty was that "sanctions are an incentive for people to comply with their responsibility." I considered that there was everything wrong with this proposal, not just for Martin. Firstly, the assumption that the sick and disabled need to be forced to work not only denies their own desire and willingness to work, but also negates their independence, the opportunity to contribute voluntarily. Secondly, in assuming this, the ministers arrogate the element of work ethic for themselves, so constituting extractive introjection, a theft of psychic life, creating a sense of loss. Thirdly "an incentive to comply with their responsibility" is completely contrary to Winnicott's opportunity to contribute, which invites the acceptance of responsibility.

Fourthly, the lack of payment for the work means that there is no acknowledgement of their contribution. For Martin, this threat caused him overwhelming anxiety about how he could survive, and would have had the effect of removing any opportunity for him to offer to work voluntarily. This upset caused not just a standstill in our work, but a setback, because it was felt to be such a retaliation by his object-mother (in this case, the welfare state).

From this it can be seen that a desire to contribute to society cannot be designated by another, but must be a genuine, spontaneous wish to be constructive. Any attempt to force a sense of responsibility onto an individual is an act of retaliation, which can tip one over into the intrapsychic turmoil of the paranoid-schizoid mode where there is no opportunity for modification of anxieties. I contend that the sense of responsibility inherent in Winnicott's capacity for concern is analogous to "a person's capacity for self-determination" (Mautner, 2000). Paradoxically, therefore, autonomy is dependent on the presence of someone who will acknowledge the contribution and "accept the spontaneous gesture."

### **The Author of a Moral Law**

"You will believe in the Holy Ghost by 5 o'clock this afternoon or I will beat you till you do." (Winnicott, 1963c, p.93)

These words could almost have been spoken by the government ministers who believe "that sanctions are an incentive for people to comply with their responsibility" (Malik, 2012). In fact, it is a quotation from a talk by Winnicott on "Morals and Education" (1963c), indicating his thoughts on the futility of belief that a moral sense can be instilled by education or by force. His argument is that, with good enough care in the early stages, a sense of trust and right and wrong will develop from within:

... the infant and small child is usually cared for in a reliable way, and this being cared for well enough builds up in the infant to a belief in reliability; on to this a perception of the mother or father ... can be added. To a child who has started life in this way the idea of goodness ... can follow naturally. (1963c, p.97)

This is an angry paper. Winnicott feels so strongly that he stresses:

... there is *more to be gained from love than from education* ... Education means sanctions and the implantation of parental or social values *apart from* the child's inner growth or maturation. (1963c, p.100, his italics)

He is not advocating that the parents should not show their disapproval, but that they should leave their own values "lying around" (p.101) for the child to discover for himself. Again Winnicott points out the need for the parents to allow their children to contribute, adding that: "... it is well known that the provision of opportunity for service for young people is of more value than moral education in the sense of teaching morals" (p.103).

Winnicott's own definition of autonomy might well have been the "ability to see oneself as the author of a moral law by which one is bound" (Mautner, ed., 2000), but he emphasizes the point by defining the negative:

The fiercest morality is that of early infancy, and this persists as a streak in human nature that can be discerned throughout an individual's life. Immorality for the infant is *to comply at the expense of a personal way of life*. (Winnicott, 1963c, p.102, his italics)

If a mother imposes her own understanding on what is happening, the only way the dependent baby can react to this is to be compliant: "This compliance on the part of the infant is the earliest stage of the False Self, and belongs to the mother's inability to sense her infant's

needs.” (Winnicott, 1960a, p.145) Martin’s memories of childhood were of being constantly in the wrong. He grew up believing that he was stupid and that he had no opinions worth hearing; so much so that at the start of his counselling, he agreed with anything I might say. When he talked he used clichés and words picked up from his experience under the mental health services and seemed to lack any originality in his use of language.

Interestingly, it is in Winnicott’s paper on “Aggression in relation to emotional development” (1950-5) that I found what seem to be the building blocks for the true and false self. Winnicott reasoned that, with a good-enough mother, the environment is discovered with each impulsive movement, and each contact is an experience: “Under these conditions, and under these alone, the individual may start to exist, and starting to exist to have id experiences” (1950-5, p.212). He explains that id experiences are a fusion of some of the motility potential with erotic potential, so providing enjoyment in being alive. On the other hand, if:

... the environment impinges on the ... baby ... instead of a series of individual experiences there will be a series of *reactions to impingements* .... Motility is then only experienced as a reaction to impingement. (p.211-2, his italics)

Rather than the instinctual impulsiveness that gives a sense of being alive there is compliant withdrawal and development of a false self, dependent on the impinging environment for its feeling of existence. This was apparent with Martin who struggled when his life was without incident, almost as though he looked for trouble at times.

If, for Winnicott, “immorality is to comply at the expense of a personal way of life” (1963c, p.102), leading to a false self, does it follow that morality would be synonymous with the true self? He has written very little specifically about this, but does give this definition:

At the earliest stage the True Self is the theoretical position from which come the spontaneous gesture and the personal idea. The spontaneous gesture is the True Self in action. Only the True Self can be creative and only the True Self can feel real.

(Winnicott, 1960a, p.148)

His theory is that, in early infancy, the good-enough mother allows her baby to feel omnipotent: that is, to feel that everything he experiences is his own creation. The mother's empathic ability to make sense of her baby's experience, repeatedly, creates a safe environment for the infant to be spontaneous, and allows the true self to develop. Winnicott explains: "The infant can now begin to enjoy the *illusion* of omnipotent creation and controlling, and then can gradually come to recognise the illusory element, the fact of playing and imagining." (1960a, p.146) This gradual understanding enables the individual to tolerate "False Self experiences" (p.149) and to adapt to the requirements of the social environment:

In health this social manner represents a compromise. At the same time, in health, the compromise ceases to be allowable when the issues become crucial. When this happens the True Self is able to override the compliant self. (1960a, p.150)

It seems to me that, if the true self 'overrides' the immorality of compliance, it must embody some sort of moral code. Martin sought to make his own voice heard in the choice of his treatment by the mental health services. I saw this as an encouraging sign, that some part of his up-bringing had been good enough for him to get in touch with his true self which was at last beginning to override his compliance.

In his paper, on "The Parent-Infant Relationship", Winnicott describes the true self as:

... the inherited potential which is experiencing a continuity of being, and acquiring in its own way and at its own speed a personal psychic reality and a personal body scheme. (1960b, p.46)

Together with his discussion on motility (1950-5) explaining how a new baby enjoys discovering its environment through spontaneous impulses, this definition has helped me to understand the concept of the true self at the very core of being. On reading *The Feeling of What Happens* (2000), I find that Damasio's neuroscientific hypothesis on core consciousness resembles Winnicott's theory in an almost uncanny manner:

... core consciousness occurs when the brain's representation devices generate an imaged, nonverbal account of how the organism's own state is affected by the organism's processing of an object, and when this process enhances the image of the causative object, thus placing it saliently in a spacial and temporal context. (Damasio, 2000, p.169)

Damasio explains that every stage of a sensorimotor interaction between an organism (baby) and object (mother) is mapped in the baby's brain, like stills making up a movie. These experiences of core consciousness are collected into what Damasio calls the autobiographical self, and this seems to match the personal psychic reality and personal body scheme acquired by Winnicott's true self.

Christopher Bollas elaborates "The Theory for the True Self" in *Forces of Destiny* (1989). He stresses that: "... this core self is the unique presence of being that each of us is; the idiom of our personality" (p.9). Developing Winnicott's concept, he describes the true self as:

... a genetically biased set of dispositions ... only a potential, however, because it depends on maternal care for its evolution.... No human being, however, is only true

self.... The idiom of the person is ... more a set of unique person possibilities specific to this individual and subject in its articulation to the nature of lived experience in the actual world. The life of the true self is to be found in the person's experiencing of the world. (Bollas, 1989, pp.9-10)

Again, Damasio writes in similar vein: "In core consciousness, the sense of self arises in the subtle, fleeting feeling of knowing, constructed anew in each pulse." (2000, p.196)

Bollas considers that moment of experiencing to be a "... very special form of pleasure" (1989, p.19). I believe that such a moment occurred while working with Martin, who normally spoke in a jargon used by those treating him in the mental health services. He was finding it difficult to describe an abusive incident from his childhood and so I wondered if he might focus on how his body was feeling. He was worried about what I was expecting from him and tentatively mentioned sensations he was experiencing in his hands and wrists. This description enabled me to empathize intensely with what he had been through. It seemed to be the first spontaneous, original statement he had made to me, something truly his own, rather than an idea he might have picked up from a book or previous therapy. I think that I felt the pleasure for both of us, but Martin, too, knew that this was a special moment.

In the second chapter of his book, Bollas develops his thoughts on the true self in a discussion on fate and destiny. A number of my clients have come for counselling with the feeling that they have no control over their lives. They feel fated, as Bollas puts it:

... the sense a person may have, determined by a life history, that his true self has not been met and facilitated into lived experience.... Thus I can link the sense of fate to the concept of the false self and to Winnicott's idea of reactive living. (1989, p.33)

This was my experience of Martin. His narrative was consistently of what had happened to him rather than what he had done in his life, unable to accept responsibility for any action; even his self-harm was because his voices made him do it. He had a fear of the future due to anxiety that he would be left to his own devices, and so he dared not be well and gave the impression of having no destiny to fulfil. Bollas himself talks about "... repression of futures.... If they contain too much distress, futures are as liable to be repressed as painful memories" (p.43).

For most of my clients, their initial depressed feeling of futility is tempered with hope that counselling will help them to regain control of their lives. They want to take charge of their destiny but are convinced that fate has taken a hand, often in terms of relationships at home or at work. The effect of this belief is passivity, an allowance for others to take responsibility, seeing others as making decisions; but Bollas writes:

I believe that this sense of destiny is the natural course of the true self through the many types of object relations and that the destiny drive emerges, if it does, out of the infant's experience of the mother's facilitation of true self movement. (1989, p.34)

This "facilitation of true self movement" comes, in therapy, out of those spontaneous occurrences which are so affirming. I would include Martin's 'special' moment, which he himself considered to be a change in the direction of our work. Also, that innocuous observation, when I commented genuinely, "That's interesting" to Rita, challenged her assumption that she was a nobody. In another instance, I had been the first person to empathize with Rita's grief over the death of her mother. Empathy is a word rarely used by Winnicott or Bollas, but for me the knowing that someone else understands is a facilitation of true self movement.

A client, whose presenting problem was: "Something is wrong, and I don't know what", was speaking for all of those wanting to be the author of their own moral law, to be true to

themselves. They want to stop complying and determine for themselves how they want to live their lives. What I find interesting is that nothing much has to be seen to actually change, but in therapy, those empathic moments can enable clients to stop feeling fated and their destiny drive to emerge. The paradox is that autonomy, the “ability to see oneself as the author of a moral law by which one is bound” (Mautner, ed., 2000), is facilitated by those empathic moments of contact with another.

## **Conclusion**

Prior to this research, I was aware of the importance that Winnicott attached to the mother in an individual’s upbringing and, by extension, the counsellor with a client. What my studies have made me appreciate, however, is the need for mutual recognition, described by Jessica Benjamin as a paradox: “... a *constant tension* between recognising the other and asserting oneself.” (1995, p.38, her italics) In her discussion of Winnicott’s paper, “The Use of an Object” (1969), she considers the paradox: “... in order to be able to “use” the object we first have to “destroy” it.” (Benjamin, 1988, p.37) Winnicott theorizes:

In the sequence one can say that first there is object-relating, then in the end there is object-use; in between, however, is the most difficult thing ... the subject’s placing of the object outside the area of the subject’s omnipotent control: that is, the subject’s perception of the object as an external phenomenon, not as a projective entity, in fact recognition of it as an entity in its own right. (1969, p.89)

Benjamin’s clarification of what I found to be a very difficult paper, that it is the *fantasy* of the object that is destroyed in order to experience the survival of the object in *reality*, has helped me to understand how my own countertransference has felt like failure at times.

When I started working with Martin, my own intense fantasy of him as the object, the feeling that I was omnipotently indispensable to him, had to be destroyed before we could achieve any progress in his journey toward independence. The reality, of course, was that he survived every week between sessions and I needed to recognise his life beyond the counselling room. My comparison between Martin's journey and the brief example of Rita demonstrates how different the effect of early relationships can be on the achievement of autonomy in therapy. For Rita her six weeks of counselling were enough to remind her of a mother who had loved her and to challenge her fantasy that only others could organise her life, the reality being that she had that power herself. Martin's experience of unpredictability, however, meant that he lacked any intellectual understanding of gradual failure of adaptation by anyone he dared to trust, so preventing him from moving on to a willingness to become independent. This resulted in reciprocal fantasies in those he trusted, including me, that he was someone for whom decisions had to be made, so depriving him of autonomy. I have been surprised how countertransference can persuade one into such an intense fantasy, with which self-reflection just colludes and which needs repeated work in supervision to destroy it. Whilst I had that benefit, others, well-meaning relatives for example, do not have the luxury of supervision, and so had a stultifying effect on any progress Martin managed to make towards independence in his therapy.

It took me a while to understand Martin's 'homework' as offers of reparation because I initially assumed he was just continuing the exercises required of him by his care co-ordinator. Only once I had accepted them as his own spontaneous gesture was he able to take responsibility and determine for himself the work to be done. As I have described, however, the loss of balance between fantasy and reality was not just Martin's prerogative, and there were periods when I felt omnipotent and assumed the role of telling Martin what we should be doing. This had the effect of depriving him the opportunity of self-determination, leaving him frustrated and stuck, 'at a brick wall.'

Martin's lifetime of compliance meant that he had never considered himself to be the author of his own moral law. Everyone had always made decisions for him; but the fact that he referred himself for counselling, at a centre that was completely separate from the Mental Health Services, hinted at this being a crucial moment when the true self was able to override the compliant self. This indicated from the start that I, for one, should destroy the fantasies of my countertransference and recognise him as a person in his own right. "In these ways the object develops its own autonomy and life . . ." (Winnicott, 1969, p.90).

Benjamin's paradox of constant tension describes perfectly the conflict in relationships detailed throughout this paper; from developing independence *with* others and an acknowledged sense of responsibility, to the true self wanting self-determination. Encompassed in the one word, recognition, is every paradoxical condition for the achievement of autonomy, both in counselling therapy and in the outside world.

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